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Relationship between Parent and Peer Attachment with Coping Strategy among Teenagers Pregnancy

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Abstract

Teen mums on the rise with teenagers becoming more sexually active, over 18,000 cases of girls under 19 were recorded in 2011. The aim of this study addresses the issue of teenager's parent attachment versus peer attachment and coping strategy. This study uses a questionnaire for Teenage Pregnancy Profile which contains of three psychological measurements: (1) Parent and Peer Attachment Inventory and (2) Coping Strategy Inventory, and (3) Guilt and Shame Proneness Scale. This study is to identify relationship of parent and peers attachment, feeling of guilt and shame with coping strategy of pregnant teenagers. Respondents in this study consist of 75 pregnant girls (age between 12 and 18), who live in four rehabilitation centers. Majority (27 respondents, 75%) of them declared that they have first time sexual experience and became pregnant at the age of 12 to 15 years old. Results show Pearson's correlation between parent and peer attachment, and coping strategies of the respondents. Significantly weak positive Pearson's correlation ($r=.32$) show between parent attachment with peer attachment follow by peer attachment with social focus coping strategy ($r=.30$). The result of inter-correlation between sub-scales of Guilt and Shame Proneness Scale shown significantly positive moderate correlation in range of ($r=.42$ to $r=.57$). The implication of this study reflects the need of prevention and also rehabilitation program to high risk group teenagers. Teenagers need to develop positive values toward self-respect and self-esteem as well as coping strategy through assertive training. This study addresses the limitation of data collection from rehabilitation centres under the provision of Social Welfare Department. Future study should also include qualitative approach to have in-depth understanding of how teenage pregnant girls develop positive coping strategies in the process of recovering.

Keyword: *teenage pregnant girls, parent and peer attachment, guilt and shame, coping strategy;*

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1. Introduction

Teen mums on the rise with teenagers becoming more sexually active, the doctors are sounding the alarm over the rising number of pregnancies. Nationwide, 18,652 girls below 19 years of age gave birth in 2011, 14,430 were married and 4,222 unwed (Star, 2012). According to Malaysian Child Act 2001 (Act 6111) and Regulations, in sub section 41 (2d), under age of 18 are children in urgent need of protection. "If the child is a female, then she became pregnant out of wedlock" (Lembaga Penyelidikan Undang-Undang, 2011). Most of the

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pregnant girls are referred to hospital because they are considered “high risk cases.” A teenager is twice more likely to die from pregnancy or childbirth complications than women in their 20s. The pregnant teenagers and the babies were protected under the Child Act 2001 and would be referred to Social Welfare Department and they become inmates at the shelter home until age of 18 years old.

In most cases, the girls became pregnant because they have relationships with boyfriends and had consensual sex. According to Salhah et al. (2011), consensual sex among adolescents less than 18 years old were in the category of raped victim defined by Child Act. Thus, the main aim of this study addresses the issue of teenager’s pregnancy and to develop profile of teenager’s pregnancy. This study also aims to identify the relationship between parent and peer attachment, coping strategies, shame and guilt proneness as dependent variables.

1. Method

2.1 Respondents

Questionnaires were distributed to all inmates (310 adolescents) at four rehabilitation centres under the administration of the Social Welfare Department of Malaysia, Ministry of Women, Family and Community Development. Researchers were required to submit a proposal and a questionnaire to obtain official permission to carry out this study. All respondents signed written consent forms prior to participation in this study. Researchers explained the purpose of the study and assisted the respondents who had difficulty in understanding the questionnaire. This study identified 75 pregnant teenagers under age of 18 years old from the population of 390 inmates under the Malaysian Child Act.

2.2 Instruments

This study uses a questionnaire for Teenage Pregnancy Profile which contains of two sections. First section assessed demographic information using open-ended questionnaire. Second sections comprise of three self-rating measures using Likert scale range from 1 to 5: (1) Inventory of Parent and Peer Attachment (IPPA) is an adapted version by Rohany (1998) consists of 52 items that measure two types of attachments (28 item for parent attachment and 24 items for peer attachment), (2) Coping Strategy Inventory (CSI) is an adapted version (Salhah et al.2011) consists of 40 items that measure three types of coping strategies (social focus strategy, adaptive-maladaptive focus strategy, and emotion focus strategy), (3) adapted Guilt And Shame Proneness scale (GASP) is an adapted version (Cohen et al., 2010) consists of 16 item that measures individual differences in the propensity to experience guilt and shame across a range of personal transgressions. This study yielded high alpha values of .87 for the total 108 items and the detail for each instrument was highest shown by CSI .91 followed by IPPA .80 and moderate alpha values of GASP .68.

2. Result

As display in Table 1, demographic profile of 75 teenagers’s pregnancy age 12 to 18 years old participate in the study using cross tabulation.

Table 1. Demographic Profile of teenager’s pregnancy related to relationship with assault, number of time of pregnant and age

Relationship with assault	Number of time pregnant	Age range		Total
		12-14	15-18	
Father	1	0	1	1
Uncle	1	1	1	2

Acquaintance	1	11	53	64
	2	1	3	4
	> 2	0	1	1
Stranger	1	1	2	3
Total		14 (18.7)	61 (81.3)	75 (100)

The result identified only one respondent (age of 15 to 18) was pregnant once because of assault by the father. Two respondents were pregnant only once after being assaulted by the uncle; one respondent (age 12 to 14) and another one (age of 15 to 18). Among them, 64 respondents were pregnant only once after being assaulted by acquaintances, 11 respondents (age of 12 to 14) and 53 respondents (age of 15 to 18). Four respondents were pregnant twice after being assaulted by acquaintances; one respondent (age of 12 to 14) and three respondents (age of 15 to 18). This study identified one respondent being assaulted by acquaintance and became pregnant more than twice at the age between 15 to 18 years old. Finally, only three respondents were assaulted by strangers and became pregnant only once; one respondent (age 12 to 14) and two (age 15 to 18).

The next finding focuses on psychological profile. All level of psychological measure was determined by using mean and standard deviation. The result of the measurements were; parent attachment showed mean score of 93.5 and standard deviation of 10.2; peer attachment showed mean score of 80.92 and standard deviation of 13.78; guilt negative behaviour showed mean score of 11.67 and standard deviation of 3.25; guilt repair showed mean score of 11.91 and standard deviation of 2.25; shame negative self showed mean score of 10.59 and standard deviation of 2.82; shame withdrawn showed mean score of 9.92 and standard deviation of 3.31. The psychological profile display as in Table 2 summaries the result of the nine measurements.

Table 2. Psychological profile of parent and peer attachment, guilt and shame and coping strategies

Psychological measure	Low		Level Moderate		High	
	Frequencies	Percentage	Frequencies	Percentage	Frequencies	Percentage
PA	11	14.7	54	72	10	13.3
PE	8	10.7	59	78.7	8	10.7
GNB	25	33.3	35	46.7	15	20
GR	11	14.7	50	66.7	14	18.7
SNSE	13	17.3	52	69.3	10	13.3
SW	15	20	5	6.7	15	20
CS1	41	54.7	10	13.3	24	32
CS2	14	18.7	47	62.7	14	18.7
CS3	7	9.3	41	54.7	27	36

Key: PA- Parent attachment ; PE- Peer attachment; CS1- Coping strategy focus to social support; CS2- Coping strategy focus to adaptive and maladaptive; CS3- Coping strategy focus to emotion; GNB- Guilt negative behaviour; GR- Guilt repair; SNSE- Shame negative self evaluation; SW- shame withdraw.

The result indicated parent attachment score were majority 54 respondents (72%) at moderate level, 11 respondents (14.7%) low and 10 respondents (13.3%) high. Score of peer attachment were also majority 59 respondents (78.7%) and both for moderate and low level were eight respondents (10.7%). Score of guilt negative behaviour was majority 35 respondents (46.7%) at moderate level, 25 respondents (33.3%) low and 15 respondents (20%) high. Score of guilt repair were also majority 50 respondents (66.6%) at moderate level, 14

(18.7%) high and 11 (14.7%) low. Score of shame negative self also majority 52 respondents (69.3%) were at moderate level, 13 (17.3%) low and 10 (13.3%) high. Score of shame withdraw also majority 45 respondents (60%) at moderate level and both showed same numbers of respondents at high and low level 15 (20%). The three types of coping strategies were identified; majority 41 respondents (54.7%) showed low score of coping strategy focus to social support, 24 respondents (32%) high and 10 (13.3%) moderate; majority 47 respondents (62.7%) showed moderate level of coping strategy focus to adaptive and maladaptive, equal numbers of respondents 14 (18.7%) showed high and low level; majority 41 respondents (54.7%) showed moderate level of emotion focus coping strategy, 27 respondents (36%) high and seven (9.3%) low.

Finally, this study identified Pearson Correlation of the psychological measures as shown in Table 3.

Table 3. Matrix correlation of the psychological measures

	PPA		CS			G&S			
	PA	PE	CS1	CS2	CS3	GNBE	GR	SNSE	SW
PA	1								
PE	.32**	1							
CS1	.13	.30**	1						
CS2	.08	.07	.56**	1					
CS3	-.01	.06	.58**	.70**	1				
GNBE	.15	.13	.09	.06	.07	1			
GR	.04	.18	.06	.19	.10	.57**	1		
SNSE	.01	.26*	-.01	.07	-.01	.43**	.42**	1	
SW	.05	-.12	.22	.18	.24*	.12	-.02	.13	1

** . Correlation is significant at the 0.01 level (2-tailed), * . Correlation is significant at the 0.05 level (2-tailed).

Key: PPA- Parent and Peer attachment; CS- coping strategy; G&S-Guilt and shame; PA- Parent attachment ; PE- Peer attachment;CS1- Coping strategy focus to social support; CS2- Coping strategy focus to adaptive and maladaptive; CS3- Coping strategy focus to emotion; GNBE- Guilt negative behaviour; GR- Guilt repair; SNSE- Shame negative self evaluation; SW- shame withdraw

The result of inter correlation matrix convergence between psychological measures indicated weak positive significant correlation between parent attachment and peer attachment $r=.32$ ($p<0.001$). Three coping strategies indicated positive and strong correlation within the strategies ranging between $r=.58$ to $r=.70$. However, only peer attachment shown positive moderate correlation with social focus coping strategy but not with any other strategy. Guilt and shame in this study identified three constructs that showed moderate positive significant correlation, ranging from $r=.42$ to $r=.57$.

4. Discussion

The finding identified majority of the teenagers between ages of 15 to 17 years old were pregnant because of being assaulted by persons whom they know or acquaintances including their boyfriends. This finding consistent with earlier study by Lee et al. (2006), high risk of adolescents involve in premarital sexual intercourse among

adolescents. According to Mudassir et al., (2010), teenager involve with sex at early age were at high risk to become pregnant and facing complication during birth and also at high risk to sexually transmitter infections (STIs). In addition, they were more likely occurred in the context of romantic relationship and also at high risk to be repeated assaults or in other word revictimization risk (Littleton et al., 2009) due to their own consent. Peer influence in this study revealed as indicator to coping strategy focus to social support and expose them to immoral behaviour. Jas Laile Suzana (2005) mentioned that adolescent motivated to involve with sex before marriage mainly because of influence and peer support beside poor understanding of religiosity and moral values. One of the reason girls involved in sex with their boyfriends was to prove their love while the boys claimed that they like to have fun. The finding supports the statement of romantic relationships between young teens significantly increase the risk of too-early sex by Blum et al., (2000). The symptom of moral decay is alarming to the society in which further delay to tackle the issue will affect great impact to future generation. The teenage pregnant girl whether survivor living at rehabilitation centre or outside were school drop-out reflect difficulties in future to get proper education and good career. They were also at high risk to involve with repeated rape by their partner or others and taking drug in order to overcome stress and depression (Salhah, 2012).

This study indicated that majority of the pregnant girls have low social focus coping strategy reflect negative attitude toward positive strategy to recover. Thus, the girls were at high risk to get involve with sex without feeling guilty and shame. Guilt and shame are moral values and strongly related to symptoms of cognitive distortion (Salhah et al. 2011). These two values are interrelated with behavior and character building. Self-blame Theory by Janoff-Bulman (1982) highlighted the difference between characters self-blame versus behavior self-blame. Character self-blame associated with feeling of shame and self criticism which relate to low self-esteem. Behavior self-blame associated with feeling guilty which relate to moral feeling and much easier for someone to change their behavior with social support. The finding of this study supports Janoff-Bulman (1982) theory and also agreed with Tangney (2003) regarding the interpersonal adaptive behavior. This study also support Tracy and Robins (2004) explained that, guilt arises when one makes internal, unstable, specific attributions about one's actions, which lead to negative feelings about specific behaviors that one has committed. Shame, on the other hand, arises when one makes internal, stable, global attributions about one's self, which lead to negative feelings about the global self (Tracy & Robins, 2004). Feeling of guilt and shame faced by the pregnant girl increases when their parents rejected them and reflect poor parent attachment. Low self-esteem, anxiety and depression among unwanted pregnant girls projected defense mechanism through delinquency behavior. They gained peer support especially their boyfriends and at risk to repeat sexual intercourse, runaway and taking drug to overcome stress (Salhah, 2012). The girls who were pregnant more than twice reflect the lack of moral awareness and also not aware of the high risk to sexually transmitted infections (STIs) support the earlier researchers (Jas Laile Suzana, 2005; Lee et al., 2006 & Mudassir et al., 2010).

The positive relationship between guilt and shame in this study implies the potential of rehabilitation program for the teenager's pregnant girls. The girls are too young to undergo the trauma of giving birth. They are at high risk of abortion and abandonment of babies if they are not supported by family and society. They are the future generation who will be the parents of the future. The implication of this study addresses the role of parents, ministry of education teachers and counselors. This study suggests preventive and remedial program should involved cooperative and collaborative work of society, government sectors and NGO to combat against the issue of teenagers involve in sex. Teachers and school counselors must assist teenagers to increase moral values by educating and inculcating self respect, self-esteem and sex education for awareness of sexually transmitted infections. The counselor should guide the teenagers to define the real meaning of love and sacrifice in order for them to have self respect and self-esteem. The most important duty of the parent in guiding religious belief and moral values at early ages while the school, teacher and counselor compliment the role of parent through formal education to avoid teenager involve with sex before marriage. Spiritual and religious coping suggested by Nielsen (2005) should be considered as constructive coping strategy to develop future skill and avoiding repeated

case of pregnancy. The wellness of the teenagers will only be guarantee if parents and education system strengthen the strategies of inculcating spiritual and moral values to enhance self-conscious toward self-responsibility.

5. Conclusion

The profile of teenage pregnancy indicated that they at a high risk involve in sex with boyfriends because lack of moral conscious, feeling of guilt and shame. Parent and peer attachments are important role in inculcating moral values in order for them to use constructive coping strategy in managing emotion. Knowledge about sexual health as well as parenting skill should be considered as a compulsory education for the young marriage couple. Reviewing of rehabilitation program with multi-dimensional psycho-education module should be given priority for welfare department to improve the remedial program. Further research on the views of students' perception on sexuality and become a young mother is required in order to implement rule and regulation of the Child Act effectively. Future research should also used qualitative approach and focus on experimental design for intervention to develop awareness of sex before marriage as a saint in order to avoid any form of romantic relation to discourage sex among teenagers.

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